DEPARTMENT OF HEALTH AND FAMILY SERVICES

Agency Number

Agency Type

Division of Management and Technology DMT-855 (Rev. 02/01)

INSTRUCTIONS

1. Report expenses in whole

nearest whole dollar.

2. See Page 1 of the Contract for current Agency Number

dollar amounts, rounding to

EXPENDITURE REPORT

INSTRUCTIONS: See page 2.

Contract Period (mm/dd/yyyy)

Begin Date:

Fnd Date:

SIA	IE OF	MISC	JON	12IN
Wis.	Stats	Sec	46	036

STATE USE

ONLY

Date Entered in

CARS

☐ ORIGINAL REPORT ☐ ADDITIONAL REPORT

Agency Name

Agency Address

Report Period (mm/dd/yyyy) Contact Person - Name and Telephone Number Telephone Number Operator Initials and Agency Type. Begin Date: End Date: **CATEGORY OF EXPENDITURE** TOTAL PERSONNEL **AGENCY** INDIRECT **PROGRAM** PROFILE ID NUMBER CONSULT/CONTRACT Increase (Decrease) **SERVICES SUPPLIES OPERATION** COST PROFILE NAME TOTAL REPORTED Comments Under penalty of perjury, I certify the information reported here is true and correct. I further certify the expenditures reported are accurate summarizations of the financial data contained on the Agency's financial records. MAIL TO: NAME and TITLE - Authorized Agency Representative Division of Management and Technology Bureau of Fiscal Services P O Box 7850 SIGNATURE - Authorized Agency Representative Date Signed Madison, WI 53707-7850

INSTRUCTIONS FOR COMPLETING EXPENDITURE REPORT, DMT-855

Type or Print

Completion of this form meets the requirements of s. 46.036, Wis. Stats. Failure to complete the form may result in non-payment of expenditures. Personally identifiable information on this form will be used only to process the form.

Check the box to indicate type of expenditure report. The choices are Original Report or Addition Report. There should be only one original report per report period. Corrections to previously reported periods should be made on additional reports. If this is the final report for the contract, mark on the top of the page, in red ink, "FINAL REPORT".

Agency Number Enter the CARS agency number from the contract.

Agency Name Enter the name of the reporting agency.

Contract Period Enter the beginning and ending date of the contract period.

Agency Type Enter the one or two-digit agency type from the contract.

Address Enter the mailing address of the reporting agency.

Report Period Enter the beginning and ending date of the month covered by this report.

Contact Person Print or type the name of the person preparing this report.

Telephone Number Enter the telephone number of the person preparing this report.

Profile Name For each total, enter the name of the CARS PROFILE.

Profile ID Number For each total, enter the CARS PROFILE ID.

Total (Inc/Dec)Total expenditures for this profile (if expense is a negative, put brackets () around

the dollar amount).

Category of Expenditure Enter breakdown of expenditures and revenues required by contract.

(e.g., Personnel Service, Program Supplies, Agency Operations. . .) Provide total line

for each separate PROFILE ID.

Total Reported Expenses Total down each column.

Comments Use as necessary.

Title of Authorized Representative Enter the title of the authorized agency representative.

Authorized AgencyRepresentative Signature

Enter the signature of the authorized agency representative.

The original signature copy must be send to the CARS Unit.

Date Signed Enter the date the report was signed.

Distribution Send to:

Division of Management and Technology

Bureau of Fiscal Services CARS Unit, Processing Unit

PO Box 7850

Madison WI 53707-7850

Retain a copy for your records and mail 1 copy to your "Contract Administrator".